

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 06, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # N97000001440</b>	
1. Entity Name <b>PRIMERA IGLESIA HISPANA DE LA ALIANZA CRISTIANA Y MISIONERA, INC.</b>	
Principal Place of Business <b>3800 LAKE UNDERHILL ORLANDO, FL 32803</b>	Mailing Address <b>3800 LAKE UNDERHILL ORLANDO, FL 32803</b>



02222007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3434468</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**VICENS, DANTE  
1313 KINGSTON AVE.  
ORLANDO, FL 32807**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VICENS, DANTE 1313 KINGSTON AVE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, RAMON H 188 GREENWICH ST. DAVENPORT, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TORRES, JANETTE 121 RESERVE CIR. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUISPE, JULIO 7715 HARBOR BOND CIR. ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, JOSE I 1917 WESTFALL DR ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VELEZ, ELIZABETH 1503 NEW BRIDGE LAKE LN. ORLANDO, FL 32825

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/25/07* *407-282-0390*  
Date Daytime Phone #